



SCHOOL TOBACCO USE PREVENTION & EDUCATION GRANT INTERIM REPORT

*Instructions: Complete and return by **December 21, 2007***

MAIL OR FAX with Signatures to:

Montana Office of Public Instruction
Health Enhancement Division
Attn: Tobacco Use Prevention & Education
PO Box 202501
Helena, MT 59620-2501
Fax: (406) 444-2955

I. General Information

School District		Name of Project Coordinator	
Project Number		Name of Authorized Representative	
Telephone	Fax	E-mail	
Mailing Address			

II. Narrative

Describe the project goal(s) as the fundamental, long-range direction of what is to be accomplished and explain the progress made to date. List specific, measurable objectives which are attainable and result-focused as steps to reach the identified goals and fill in the activities under each objective in the table below.

PROJECT GOAL(s):

Objective	Activities	Date Accomplished	Person Responsible

III. Budget

Complete an expenditure of funds to date in the table below and provide a narrative of any changes in the proposed expenses.

Budget items	Proposed Expense	Actual Expense
Salaries and Benefits		
Operating Expenses		
Indirect Costs		
Equipment (must be under \$5000)		
Total		

Narrative of budget changes if applicable:

Was a budget modification form submitted and approved by OPI for the requested changes? (Y or N)

IV. Collaboration

Describe what school partnerships that have been expanded or established with students, families, community organizations, coalitions and local MTUPP contractors to implement the project.

	V. Quality Assurance	
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What problems or obstacles were experienced, if any, in implementing the project? Describe solutions you implemented to overcome these problems.

	VI. Certification Signatures	
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Signature of Authorized Representative	Date / /
Signature of Project Coordinator	Date / /